



## REQUEST FOR APPROVAL OF TVS OPERATOR EDUCATIONAL TRAINING PROGRAM

FOR DMV USE ONLY	
DATE RECEIVED	
AMOUNT PAID	RECEIPT NUMBER
CERT ISSUE DATE	CERT APPROVAL NUMBER
ISSUED BY	ASSIGNED DISTRICT

### SECTION A — APPLICANT INFORMATION

NAME			
STREET ADDRESS	CITY	STATE	ZIP CODE
E-MAIL ADDRESS	AREA CODE/TELEPHONE NUMBER (     )		

### SECTION B — PROGRAM INFORMATION

Submission requirements for TVS operator training may be found in the California Code of Regulations (CCR) in Title 13, Division 1, Chapter 1, Article 4.7, Section 345.75.

Please be sure that all items being submitted with this request are individually identified with your name, address, and telephone number. Please provide a list detailing all materials being submitted.

**NOTE:** A separate request is required for each type of program.

TYPE OF COURSE INSTRUCTION (CHECK ONE)		
<input type="checkbox"/> Classroom	<input type="checkbox"/> Home Study	<input type="checkbox"/> Internet
TYPE OF PROGRAM (CHECK ONE)		
<input type="checkbox"/> 8 Hour Training for Unlicensed Operators	<input type="checkbox"/> 4 Hour Training for Licensed Operators	<input type="checkbox"/> Both

### SECTION C — CERTIFICATION

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

***I further certify that the course material submitted for approval is an original educational program which I have exclusively drawn together with the exception for any inserted copyrighted information and I have received written permission to use this protected material, which has been clearly identified in the course program and is credited to its source.***

SIGNATURE <b>X</b>	PRINTED NAME	DATE SIGNED
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### FOR OFFICIAL DMV USE ONLY

APPROVED BY	APPROVAL DATE	UNIT/EMPLOYEE ID	CERTIFICATION APPROVAL NUMBER
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